

Fill in this information to identify the case:Debtor name Calumet Abrasives Co., Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANACase number (if known) 19-21257☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration **Business Income and Expenses**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 18, 2019X /s/ Robert M. Shindorf

Signature of individual signing on behalf of debtor

Robert M. Shindorf

Printed name

President, Treasurer, Secretary and sole Director

Position or relationship to debtor

Fill in this information to identify the case:Debtor name Calumet Abrasives Co., Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANACase number (if known) 19-21257☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>1,632,480.48</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>1,632,480.48</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>1,999,459.35</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>28,465.51</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>1,558,059.99</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>3,585,984.85</u>

Fill in this information to identify the case:Debtor name Calumet Abrasives Co., Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANACase number (if known) 19-21257☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Business Checking Account located at First Midwest Bank****Business Checking****7006****\$11,803.67**3.2. **Business Checking account located at Chemical Bank****Business Checking****8959****\$255,265.05****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$267,068.72**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

Debtor Calumet Abrasives Co., Inc.Case number (If known) 19-21257

- ☐ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. Chevrolet Box Truck W4500 (Serial #4KBC4B1U37J804512)	\$0.00	Comparable sale	\$4,000.00
48. Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) 2019 Atlas Copco GA75VSD-175AP Compressor Package -Leased Equipment			
	\$0.00		\$68,209.80
See attached list 1	\$2,323,494.23	Appraisal	\$461,900.00
See attached list 2 (items in list 2 are also included in list 1)	\$2,323,494.23	Appraisal	\$461,900.00

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$996,009.80

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Debtor Calumet Abrasives Co., Inc.
NameCase number (If known) 19-21257**Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

55.1.

Property where it operates.**Nature and extent of debtor's interest in property****Net book value of debtor's interest**
(Where available)**\$0.00****Valuation method used for current value****Current value of debtor's interest****\$0.00**56. **Total of Part 9.**Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.**\$0.00**57. **Is a depreciation schedule available for any of the property listed in Part 9?**☐ No☒ Yes58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**☐ No☒ Yes**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☒ No. Go to Part 11.☐ Yes Fill in the information below.**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes Fill in the information below.**Current value of debtor's interest**71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**74. **Causes of action against third parties (whether or not a lawsuit has been filed)****Potential causes of action against John Anderson, current shareholder, but former officer and director of Debtor, for preference payments received in the 1 year prior to filing and fraudulent transfers received and/or made in the 4 years prior to filing.**

Nature of claim

Amount requested

\$0.00**Unknown**

Debtor Calumet Abrasives Co., Inc.
Name

Case number (If known) 19-21257

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Calumet Abrasives Co., Inc.
NameCase number (If known) 19-21257**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$267,068.72</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$368,401.96</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$1,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$996,009.80</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$1,632,480.48</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$1,632,480.48</u>

MACHINE	MODEL	SERIAL
CHEVROLET BOX TRUCK	W4500	4KBC4B1U37J804512
MATERNINI DOUBLE BOWL MIXER	MDM 850 UNIBLOCK	A1445
HOBART (RESIN GRAIN MIXER)	H600T	187481
HOBART (RESIN GRAIN MIXER)	H600T	15905711
TUMBLER #1 (C.F. GILCO)	59021	72723546
HOBART MIXER	HL200	31-1400-813
HOBART MIXER	C100	1328589
BISHAMON ELEVATOR LIFT	X30SBI	1310046
BISHMON ELEVATOR LIFT	X30SBI	1210047
BISHAMON (DECK ELEVATOR)	X305	98110183
BISHAMON (DECK ELEVATOR)	X305	98122822
DONALDSON TORIT DUST COLLECTOR	DFO3-24	3878521-1
SWECO SIEVE	16X300644LK	017436-A07/18
HYDRAMET #1	HC-45EC	H-8200
HYDRAMET # 4	HC-45EC	H-11140
HYDRAMET #5	HC-30B	H-8070
HYDRAMET #6	HC-45EC	H-14680
HYDRAMET #7	HC-60EC	H111170 / H-14765
HYDRAMET #11	HC60EC	H-15920
HYDRAMET #12	HC-60	H2335 / H-16165
HYDRAMET #14	HC-75EC	H-17430
DENNISON #1	FH20	24510
DENNISON #2	FH20	NA
MATERNINI PRESS M17	MDM400-4C-SP-350T	A1330
MATERNINI PRESS M15	MDM400-4C-SP-350T	A1414
MATERNINI PRESS M13	MDM400-4C-SP-350T	A1400
MATERNINI PRESS M14	MDM400-4C-SP-350T	A1379
MATERNINI PRESS M16	MDM400-4C-SP-350T	A1361
MATERNINI INLINE PRESS	MDM 200 L16 100T	A1938
MATERNINI INLINE PRESS	MDM 200 L16 100T	A1939
METTLER TOLEDO SCALE	BBA422	2749986
METTLER TOLEDO SCALE	BBK462	28271547DH
METTLER TOLEDO SCALE	BBK462	28396237FH
METTLER TOLEDO SCALE	IND469	30256817HK
METTLER TOLEDO SCALE	IND469	33234297KP
METTLER TOLEDO SCALE	IND469	33234317KP
METTLER TOLEDO SCALE	IND469	33447377AQ
TURMOIL CHILLER	OC-150R	17844-16
MATERNINI BALANCE	D230	A1432
OVEN #1 (GRIEVE CORP.)	B2-500	410891
OVEN #6 (GRIEVE)	B2-500	411710
OVEN #3 (GRIEVE CORP.)	B2-500	411710
OVEN #4 (GRIEVE-HENDRY)	NA	NA
OVEN #7 (GRIEVE)	61626-500	85674A1204
BISHAMON (ADJ. LIFT TABLE #1)	VIS-5036	VIS0303009
BISHAMON (ADJ. LIFT TABLE #2)	VIS-5036	VIS0303010
BISHAMON (ADJ. LIFT TABLE #3)	VIS-5036	VIS0303012
LEE (ADJ. LIFT TABLE #4)	3640	37831
BARKSDALE TYPE27 PRESS	0003-024	K412341.2/002
TOYOTA WALK BEHIND PALLET JACK	7HBW23	49576
BARBOUR-STOCKWELL BURST TESTER 7015	NA	2850-S19
EAGLE CUTTING TESTER	NA	NA
EAGLE CUTTING TESTER	NA	NA
TRUEX CUT TESTER (ALLAN/BRADY)	300	7015
PRECISION CONVECTION	STM-80	10AY-6
TRION AIR HANDLER	64	L3889
TRION AIR HANDLER	64	
PYRO HIGH TEMPERATURE MICROWAVE MUFFLE FURNACE	N/A	N/A
DONALDSON TORIT DUST COLLECTOR	DF01-1	3133054
DONALDSON TORIT DUST COLLECTOR	N/A	267401
BUTLER CUT TESTER	N/A	N/A
ATLAS COPCO AIR COMPRESSOR	GA75VSDFF	AP1673201
QUINCY SMALL COMPRESSOR	3311T	36B103T255H1
CLAUSING MILLING MACHINE	2V508	P515195

FIBERGLASS SEPARATOR	MDM SRCP-6 X100	A1941
FIBERGLASS SEPARATOR	MDM SRCP-6 X100	A1940
T & S COMPACTER	HDC-900	5126627
TAYLOR GRAIN DISPENSER	N/A	IBC2-47269
TYLER WALK IN COOLER	7400276FL	9758050DS
YALE	GLP050	N/A
TCM -25 FORK LIFT	FCG 25-24	A40M00286
DAYTON FLOOR SCRUBBER	14X829	14X829-001017
MYERS DISPERSER	N/A	1L775A 5-3204
AER CONTROL SYSTEM FUMECOLLECTOR	DC800201	9080
QUINCY AIR DRYER	QED-350	1TJO75767
PRESTO LIFT	C74A-15LC	V60064-1/11478-1
STEEL FAB AIR STORAGE TANK	A10049	L4084.50
RICE LAKE BENCH MARK SCALE	BM2424-200	1568900034
GSE 355 W/4400 PLATFORM SCALE	GSE355	19087
GSE 355 W/4400 PLATFORM SCALE	GSE355	20504
GSE 550 W/ DORAN PLATFORM SCALE	GSE550	28065
RICE LAKE BENCH MARK SCALE	BM2424-200	1577200082
GSE650 SCALE	GSE650	11598
RICE LAKE COUNTING SCALE	IQ6200	N/A
RICE LAKE CHECKWEIGHER SCALE	C240-30	N/A
RICE LAKE 4X4 ROUGH DECK SCALE W.GSE350	GSE350	319004
PELOUZE MECHANICAL SCALE	P250S	N/A
RICE LAKE BENCH SCALE	TC620	123738007
RICE LAKE BENCH SCALE	TC620	123738060
OHAUSE BENCH SCALE	CD-11	0000843-6BA
RICE LAKE BENCH SCALE	TC620	133738027
RICE LAKE BENCH SCALE	TC620	133738038
RICE LAKE BENCH MARK SCALE	BM1818-150	1686500031
RICE LAKE ROUGH DECK BDP BARREL SCALE	RLWS 1120 PLUS	C66214
TRANE HEATER / AIR CONDITIONER	YCD180B3HOEA	M301007080
TRANE HEATER / AIR CONDITIONER	YCDI 80B3HOEA	M281009550
TRANE HEATER / AIR CONDITIONER	YCD060C 3HOBC	M161 00687D
AMERICAN STANDARD FURNACE / AIR CONDITIONER	NA	NA
TRANE CONDENSING UNIT	TTA 180C300FA	229558YAO
TRANE AIR HANDLER	TWE 180B300CA	3192P596H
TRANE CONDENSING UNIT	TTA120C300FA	NA
TRANE AIR HANDLER	TWE120B300CA	NA
AAON MAKE UP AIR UNIT	RN03030 EA093C4	BNGT23B97
HYDRAULIC PALLET JACK 5500 LBS.	N/A	N/A
RICE LAKE 4X4 ROUGH DECK SCALE W.GSE350	GSE350	C23855
NISSAN FORKLIFT	CWP02L25S	CWP02-9C3475
HOBERT ULTRA CHARGE FOR NISSAN FORKLIFT	1200T3-18	498CS44646
QUINCY AIR COMPRESSOR	QT-7.5	20080425-0123
QUINCY AIR DRYER	QPNC25 (B2/3)	ITJ117453
DALEC COUNTING/PACKING MACHINE	CA-CA2-2016-01	01056586-RG3
ZEBRA LABEL PRINTER	100XIII	91C04100033
ZEBRA LABEL PRINTER	100XIII	91C08350133
ZEBRA LABEL PRINTER	100XIII	91C05350036
DATAMAX LABEL REWINDER	DMX-REW2	05120R018
LABELMATE USA LABEL REWINDER	CAT-35A-R16	CAT-35A-R16 1640000
LABELMATE USA LABEL REWINDER	UCAT-40G-L	UCAT-40G-L 1640000
DAYTON 16" DRILL PRESS	4CY86	N/A
JET DRILL PRESS	JDP-20MF	4120089
TORIT DUST COLLECTOR	64	L3889
AER DUST COLLECTOR	DC80020-01	9430
3M-MATIC BOX TAPE MACHINE (S-867)	10500	6247
3M-MATIC BOX TAPE MACHINE (S-867)	10500	6244
KIWI BOX STAMP MACHINE	1100	C05095
3M-MATIC CASE SEALING MACHINE	800ASB	50189
ZEBRA LABEL PRINTER	110XIII	91C08460138
COMEC ITALIA PAD PRINT MACHINE	LC50PN	N/A
3M-MATIC CASE SEALING MACHINE	200A	50080
3M-MATIC BOX TAPE MACHINE (S-867)	10500	6477
KIWI BOX STAMP MACHINE	1100	C05094
ZEBRA 4M PLUS (3 PRINTER IN STOCK)	Z4M	N/A

ZEBRA ZM400	ZM400	N/A
HEAT SHRINK TUNNEL	N/A	N/A
HYDRAULIC PALLET JACK 3800 LBS.	124124	N/A
DISPENS-A-MATIC LABEL DISPENSERS (29 DISPENSERS IN STOCK)	U-45	VARIES
HYDRAULIC PALLET JACK 5500 LBS.	N/A	35816
LENNOX AIR HANDLER	CBH 17- 185V I	560800667
LENNOX AIR HANDLER	CBH17- 185V I	56080668
LENNOX CONDENSING UNIT	HS29- 180-2Y	560811612
LENNOX CONDENSING UNIT	HS29- 180-2Y	56081 1613
Goodman	NIA	NIA
GOODMAN FURNACE / AIR CONDITIONER	NIA	NIA
LENNOX HEATER	NIA	NIA
LENNOX HEATER	NIA	NIA
LENNOX HEATER	NIA	NIA
LENNOX HEATER	NIA	NIA
KIRK-RUDY LOADER	1608-2342	496-F
KIRK-RUDY LABEL APPLICATOR	555	1608 215
KIRK-RUDY SPLICER	555	1608 138
KIRK-RUDY TURNOVER	475	1608 135
KIRK-RUDY LABEL APPLICATOR	555	1608 216
KIRK-RUDY SPLICER	565	1608 137
KIRK-RUDY COMPUTER / PRINTER STATION	NJ100	1608 1642
KIRK-RUDY SEPARATER	837	1608 155
KIRK-RUDY STEPPER CONVEYOR	314-8	1608 4518
PYRAMID PACKAGING COUNTING CONVEYOR	N/A	N/A
TRION AIR HANDLER	MP600MV	MP6CMV9700089
ZEBRA LABEL PRINTER	100XIII	91C09400135
PRODIGY PLUS (BIG LABEL PRINTER)		6285031
PELOUZE HEAVY DUTY SCALE	M-P250S	S-1300000905
BISHAMON (SCISSOR LIFT)	VIS-2536	VIS0301007
BISHAMON (SCISSOR LIFT)	VIS-2536	VIS0301006
VESTIL (SCISSOR LIFT)	PS 4045	S248314
MATERNINI DOUBLE BOWL MIXER	MDM 800.120.KG	A1381
MATERNINI SPIN TESTER	PVM 23-30	A1318
MATERNINI PRESS	MDM400-4C-SP-350T	A1305
MATERNINI PRESS	MDM400-4C-SP-350T	A1415
MATERNINI BALANCE	D350	A1366

Quantity	Description	Serial Number
1	2005 Maternini Blade Press	A-1306
1	2006 Maternini Blade Press	A-1330
1	2006 Maternini Blade Press	A-1361
1	2007 Maternini Blade Press	A-1414
1	2007 Maternini Blade Press	A-1415
1	2007 Maternini Blade Press	A-1379
1	2006 Maternini Speed Tester	PVM R4-D400
1	2006 Maternini Wheel Balancer	MDM 2000/1
1	Maternini Double Pan Mixer	MDM 800-120KG
1	Powder & Grain Dispenser	
2	Vibrodyne Sifters & Sieves	
15	Blade Oven Racks	
1	Cutting Blade Test Fixture	
1	Buster Seal Sealing Machine & Oven	
1	Orbit Form Hub Machine	
1	Hydraulic Press	
7	Units of Pallet Racking	
	Unpinning Fixtures & Tables	
1	Ryobi Drill Press	
1	Willis Drill Press	
1	Haver Sieve Tester	
27	Steel Molds for 3" to 14" Discs	
32,411	Aluminum Disc Plates	

Fill in this information to identify the case:Debtor name **Calumet Abrasives Co., Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF INDIANA**Case number (if known) **19-21257**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	First Midwest Bank <small>Creditor's Name</small> P.O. Box 125 Bedford Park, IL 60499 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 6/24/2016 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Equipment, assets, accounts receivable, bank accounts Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$691,396.32	\$368,401.96

2.2	First Midwest Bank <small>Creditor's Name</small> P.O. Box 125 Bedford Park, IL 60499 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 11/14/2018 Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Chevrolet Box Truck W4500 (Serial #4KBC4B1U37J804512) Describe the lien Security Agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$1,000,000.00	\$4,000.00
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Debtor **Calumet Abrasives Co., Inc.**Case number (if known) **19-21257**

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed**2.3 Wells Fargo Bank N.A.**

Creditor's Name

**300 Tri-State International
Lincolnshire, IL 60069**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an
interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Lease for 2019 Atlas Copco GA75VSD-175AP
Compressor Package****\$62,000.00****\$68,209.80**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Wells Fargo Vendor
Financial Services**

Creditor's Name

**P.O. Box 13708
Macon, GA 31208-3708**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****8219****Do multiple creditors have an
interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Leased equipment: Ricoh MP3054SP
C84155924 G156R230906
Rico MP3054SP C84155955 G156R230893
Rico MP C3003 C84155892 E156M260465
Rico MP3054SP C84155923 G155R830594****\$1,063.03****Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5 Wintrust Capital**

Creditor's Name

**9700 West Higgins Road,
Suite 1015
Des Plaines, IL 60018**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Lease to own Equipment -See Attached List 2**\$245,000.00****\$450,000.00**

Describe the lien

Debtor **Calumet Abrasives Co., Inc.**
NameCase number (if know) **19-21257**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,999,459.3
5**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Gordon E. Gouveia
Gouveia & Associates, P.C.
433 W. 84th Drive
Merrillville, IN 46410Line 2.1Kevin Steele
156 Washington
Valparaiso, IN 46383Line 2.1Scott A. Pyle
Rubino Ruman Crosmer & Polen
275 Joliet Street, Suite 330
Dyer, IN 46311Line 2.5

Fill in this information to identify the case:Debtor name **Calumet Abrasives Co., Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF INDIANA**Case number (if known) **19-21257**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Aida Palomo 506 W 148th Street East Chicago, IN 46312	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$154.90	\$154.90
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Akeka Sanders 613 East 19th Avenue Gary, IN 46407	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$263.27	\$263.27
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Calumet Abrasives Co., Inc. Name	Case number (if known)	19-21257
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2.3	Priority creditor's name and mailing address Angelia Ellis 6692 Old Porter Road Portage, IN 46368	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$293.65	\$293.65
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Antoine Gordon 3759 W 72nd Avenue Merrillville, IN 46410	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$334.24	\$324.24
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Antoine Macon 5328 Maywood Avenue Apt. 4 Hammond, IN 46320	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$154.90	\$154.90
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Antonine Stansil 7729 Parrish Avenue Hammond, IN 46323	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$155.00	\$155.00
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Calumet Abrasives Co., Inc. <small>Name</small>	Case number (if known)	19-21257
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2.7	Priority creditor's name and mailing address Ariel HamptonI 2207 Woodhollow Lane Hammond, IN 46323	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$232.78	\$232.78
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address Betty Waugaman-Leboida 7118 Alexander Hammond, IN 46323	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$294.05	\$294.05
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Carla Weathers 3610 Superior Court Apt. 8 East Chicago, IN 46312	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$232.78	\$232.78
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Damion Lardydell	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$232.88	\$232.88
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Calumet Abrasives Co., Inc. Name	Case number (if known)	19-21257
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2.11	Priority creditor's name and mailing address Douglas Harper 3460 W 40th Avenue Gary, IN 46406	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$154.90	\$154.90
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Dwight Singleton 3324 Craig Drive Apt. M289 Hammond, IN 46323	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$154.90	\$154.90
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Edward Bennett, Jr. 4260 Tennessee Gary, IN 46409	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$283.33	\$283.33
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Elmo Jackson 911 Field Street Hammond, IN 46320	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$293.65	\$293.65
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Calumet Abrasives Co., Inc. Name	Case number (if known)	19-21257
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2.15	Priority creditor's name and mailing address Ferdinand Feliciano 6645 Montana Avenue Hammond, IN 46323	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$282.92	\$282.92
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Florentino Brizuela 3027 182nd Place Lansing, IL 60438	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$610.91	\$610.91
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Gary Glass 4414 Dearborn Avenue Hammond, IN 46324	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$154.90	\$154.90
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address Gregory Slay 443 W 129th Place Chicago, IL 60628	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$154.90	\$154.90
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Calumet Abrasives Co., Inc. Name	Case number (if known)	19-21257
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2.19	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1.00	\$1.00
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Date or dates debt was incurred 2018-2019	Basis for the claim: Taxes
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Last 4 digits of account number Unk Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.20	Priority creditor's name and mailing address Jacob Spivey 2412 West 61st Place Merrillville, IN 46410	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$154.90	\$154.90
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Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim
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Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.21	Priority creditor's name and mailing address James Chase-Williams 6257 Garfield Avenue Hammond, IN 46324	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$289.89	\$289.89
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Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim
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Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.22	Priority creditor's name and mailing address James Downing 3331 W 40th Place Gary, IN 46408	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$253.37	\$253.37
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Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim
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Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Calumet Abrasives Co., Inc. Name	Case number (if known)	19-21257
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2.23	Priority creditor's name and mailing address Jasmine McDaniel 3827 Fir Street East Chicago, IN 46312	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$154.90	\$154.90
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address Javonna Howard 3344 169th Street Apt G133 Hammond, IN 46323	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$334.24	\$334.24
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address John Willis 4440 Maryland Gary, IN 46409	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address Jordyn Anderson 8812 Kennedy Avenue Highland, IN 46322	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$91.34	\$91.34
	Date or dates debt was incurred 1/2019 - 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Calumet Abrasives Co., Inc. Name	Case number (if known)	19-21257
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2.27	Priority creditor's name and mailing address Jordyn Anderson 8812 Kennedy Avenue Highland, IN 46322	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,000.00	\$2,000.00
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Date or dates debt was incurred 1/2019-2/2019	Basis for the claim: Potential Employee Claim
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Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.28	Priority creditor's name and mailing address Juawana Brooks 1677 State Street Calumet City, IL 60409	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$293.70	\$293.70
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Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim
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Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	---

2.29	Priority creditor's name and mailing address Lili Cantero 7011 California Avenue Hammond, IN 46323	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$117.04	\$117.04
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Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim
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Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.30	Priority creditor's name and mailing address Lisa Sawyer 14428 S Leavitt Dixmoor, IL 60426	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$714.30	\$714.30
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Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim
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Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)	19-21257
2.31	Priority creditor's name and mailing address Lydell Ivy 424 Adams Gary, IN 46408	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$155.00 \$155.00
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim	
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.32	Priority creditor's name and mailing address Maria Martigani 8334 Monroe Avenue Munster, IN 46321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim	
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.33	Priority creditor's name and mailing address Michael Howard 3344 169th Street Apt. G133 Hammond, IN 46323	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$142.27 \$142.27
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim	
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.34	Priority creditor's name and mailing address Quate Green 4918 Ivy Street East Chicago, IN 46312	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13.77 \$13.77
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim	
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.35	Priority creditor's name and mailing address Rachel Anderson 8828 5th Street Highland, IN 46322	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$217.40	\$217.40
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.36	Priority creditor's name and mailing address Raymond Sparks 1834 Holly Lane Munster, IN 46321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$703.20	\$703.20
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.37	Priority creditor's name and mailing address Raymond Sparks 1834 Holly Lane Munster, IN 46321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,033.24	\$8,033.24
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.38	Priority creditor's name and mailing address Robert McClain 530 E Lewis Hammond, IN 46320	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$318.33	\$318.33
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.39	Priority creditor's name and mailing address Roger Nystrom 4943 Olcott Avenue East Chicago, IN 46312	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$154.90	\$154.90
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.40	Priority creditor's name and mailing address Rosalva Rojas 5330 Pierce Street Merrillville, IN 46410	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$273.08	\$273.08
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.41	Priority creditor's name and mailing address Rosalva Rojas 5330 Pierce Street Merrillville, IN 46410	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,321.98	\$5,321.98
	Date or dates debt was incurred 1/2019-2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.42	Priority creditor's name and mailing address Ryan Mattingly 1733 Rensselaer Street Munster, IN 46321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$232.78	\$232.78
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.43	Priority creditor's name and mailing address Tina Evans 1210 West 151st Street East Chicago, IN 46312	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$634.88	\$634.88
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.44	Priority creditor's name and mailing address Tranquillia Bolian 3615 167th Hammond, IN 46323	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$154.90	\$154.90
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.45	Priority creditor's name and mailing address Tristan Thomas 5974 Polk Street Merrillville, IN 46410	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$205.81	\$205.81
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.46	Priority creditor's name and mailing address Tristan Thomas 5974 Polk Street Merrillville, IN 46410	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,955.48	\$2,955.48
	Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.47	Priority creditor's name and mailing address Vincent Spina 3819 Grand Blvd #2 East Chicago, IN 46312	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$104.95	\$104.95
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Date or dates debt was incurred 1/2019- 2/2019	Basis for the claim: Potential Employee Claim
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Last 4 digits of account number N/A	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address 3M Cottage Grove 28070 Payshpere Circle Chicago, IL 60674 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$967,830.38
3.2	Nonpriority creditor's name and mailing address Accucraft Imaging, Inc. 5920 Hohman Avenue Hammond, IN 46320 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,615.11
3.3	Nonpriority creditor's name and mailing address Accuware 799 Roosevelt Road, Suite 3-218 Glen Ellyn, IL 60137 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375.00
3.4	Nonpriority creditor's name and mailing address Air Comfort 2550 Braga Drive Broadview, IL 60155 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,052.08
3.5	Nonpriority creditor's name and mailing address American Express PO Box 918537 El Paso, TX 79998 Date(s) debt was incurred 4/2019 Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,321.67

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3.6	Nonpriority creditor's name and mailing address Amerigas P.O. Box 371473 Pittsburgh, PA 15250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.38
3.7	Nonpriority creditor's name and mailing address Apex Total Property Maintenance, Inc. 2743 Highway Avenue Highland, IN 46322 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$320.00
3.8	Nonpriority creditor's name and mailing address AT&T Fiber Broadband P.O. Box 5019 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Internet</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$614.99
3.9	Nonpriority creditor's name and mailing address AT&T Mobility P.O. Box 6463 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Phone Bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,979.45
3.10	Nonpriority creditor's name and mailing address Austgen Electric 801 East Main Street Griffith, IN 46319 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,331.35
3.11	Nonpriority creditor's name and mailing address Beverly Snow & Ice 16504 S. Dixie Hwy Markham, IL 60428 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Snow and Ice Removal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,348.00
3.12	Nonpriority creditor's name and mailing address Burgett CCM P.O. Box 10517 Merrillville, IN 46410 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,795.82

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3.13	Nonpriority creditor's name and mailing address Calumet Lumber 402 E. Chicago Avenue East Chicago, IN 46312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$452.34
3.14	Nonpriority creditor's name and mailing address Ceva Freight, LLC Dept 2309 Carol Stream, IL 60132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,680.00
3.15	Nonpriority creditor's name and mailing address Cintas-Medical P.O. Box 631025 Cincinnati, OH 45263 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,570.11
3.16	Nonpriority creditor's name and mailing address Cintas-Uniforms P.O. Box 88005 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uniforms</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,065.44
3.17	Nonpriority creditor's name and mailing address CL VENDING P.O. BOX 339 Cedar Lake, IN 46303-0339 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.16
3.18	Nonpriority creditor's name and mailing address Comprehensive Care 7501 West 15th Avenue Gary, IN 46406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.00
3.19	Nonpriority creditor's name and mailing address COTG P.O. Box 5940 Lock Box #20-OE-001 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$518.25

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3.20	Nonpriority creditor's name and mailing address DHL Express 16592 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$380.97
3.21	Nonpriority creditor's name and mailing address Englewood Electrical Supply P.O. Box 802578 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,420.89
3.22	Nonpriority creditor's name and mailing address Fisher Container Corp. 1111 Busch Pkwy Buffalo Grove, IL 60089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$215.90
3.23	Nonpriority creditor's name and mailing address Grainger Dept 801849506 Palatine, IL 60038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,363.76
3.24	Nonpriority creditor's name and mailing address Hammond Police Alarm Administrator City of Hammond 509 Douglas Street Hammond, IN 46320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Alarm System</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.00
3.25	Nonpriority creditor's name and mailing address Hammond Water Works Dept. 6505 Columbia Ave Hammond, IN 46320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$408.43
3.26	Nonpriority creditor's name and mailing address Heritage-Crystal Clean 13621 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,643.76

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3.27	Nonpriority creditor's name and mailing address Heucotech Ltd. P.O. Box 416247 Boston, MA 02241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,661.20
3.28	Nonpriority creditor's name and mailing address HINSHAW & CULBERSON LLP 8142 Solutions Center Drive Chicago, IL 60677-8001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,235.36
3.29	Nonpriority creditor's name and mailing address Hydramet American, Inc. P.O. Box 40 Royal Oak, MI 48068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,380.00
3.30	Nonpriority creditor's name and mailing address Indiana Dept. of Environmental Managemen Indiana Gov. Center North 100 North Senate Avenue Indianapolis, IN 46204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.31	Nonpriority creditor's name and mailing address Industrial Polymers and Chemicals, Inc. 508 Boston Turnpike Shrewsbury, MA 01545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$227,996.32
3.32	Nonpriority creditor's name and mailing address J&L Fasteners P.O. Box 2248 Hammond, IN 46323 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.03
3.33	Nonpriority creditor's name and mailing address J.W. Donchin Co. 4841 W. Chicago Avenue Chicago, IL 60651 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$373.53

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3.34	Nonpriority creditor's name and mailing address Jesenek Kocbekova c.24 3202 LJubecna 3202 Slovenia Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,150.56
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3.35	Nonpriority creditor's name and mailing address John Anderson 1305 Tamarack Drive Munster, IN 46321 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.36	Nonpriority creditor's name and mailing address Keller -Heart Oil 4411 S. Tripp Avenue Chicago, IL 60632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,181.10
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3.37	Nonpriority creditor's name and mailing address Konrady Plastics, Inc. 1780 Coppes Court Portage, IN 46368 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$364.50
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3.38	Nonpriority creditor's name and mailing address Kronos P.O. Box 743208 Atlanta, GA 30374 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$937.52
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3.39	Nonpriority creditor's name and mailing address Labor Out Rick Sparks P.O. Box 605 Schererville, IN 46375 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,680.00
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3.40	Nonpriority creditor's name and mailing address Landsberg 25794 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,578.45
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Debtor	Calumet Abrasives Co., Inc. <small>Name</small>	Case number (if known)	19-21257
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3.41	Nonpriority creditor's name and mailing address Levin Ginsburg 180 North LaSalle Street Chicago, IL 60601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,031.66
3.42	Nonpriority creditor's name and mailing address Lindy's Ace Hardware 6220 Kennedy Avenue Hammond, IN 46323 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.38
3.43	Nonpriority creditor's name and mailing address Maternini Via Agostino Novella, Zona Industrial 21046 Malnate (VA)Italia Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,126.89
3.44	Nonpriority creditor's name and mailing address McMaster Carr Supply P.O. Box 7690 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,615.53
3.45	Nonpriority creditor's name and mailing address Miami Valley Worldwide, Inc. 1300 E Third Street Dayton, OH 45403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$678.75
3.46	Nonpriority creditor's name and mailing address New York State Insurance 1 Watervliet Avenue Albany, NY 12206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$163.90
3.47	Nonpriority creditor's name and mailing address Nexus Employment P.O. Box 1053 Bedford Park, IL 60499 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,243.80

Debtor **Calumet Abrasives Co., Inc.**
NameCase number (if known) **19-21257**

3.48	Nonpriority creditor's name and mailing address Prairie State Group 11100 Addison Avenue Franklin Park, IL 60131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,790.43
3.49	Nonpriority creditor's name and mailing address Quincy Compressor Department 3427 Dallas, TX 75312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,031.87
3.50	Nonpriority creditor's name and mailing address Reichelt Plumbing P.O. Box 177 Schererville, IN 46375 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,511.00
3.51	Nonpriority creditor's name and mailing address Ricoh/Wells Fargo P.O. Box 740541 Atlanta, GA 30374 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$683.35
3.52	Nonpriority creditor's name and mailing address Robert M Shindorf C/o Stone Fox Ventures, LLC 3890 Buchanan Avenue SW Grand Rapids, MI 49548 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Back wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80,000.00
3.53	Nonpriority creditor's name and mailing address Salyer Plumbing, Inc. 2209 East 165th Street Hammond, IN 46320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$355.00
3.54	Nonpriority creditor's name and mailing address Shakespeare Machine 2801 S. Mermorial Drive Racine, WI 53403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$675.00

Debtor **Calumet Abrasives Co., Inc.**
NameCase number (if known) **19-21257**

3.55	Nonpriority creditor's name and mailing address Sheet Metal Services 9944 Express Drive Highland, IN 46322 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$490.00
3.56	Nonpriority creditor's name and mailing address Stagg/Dival Safety 163 S. Third Avenue Evansville, IN 47708 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.09
3.57	Nonpriority creditor's name and mailing address Standard Cartage Comp. 2400 South 27th Avenue Broadview, IL 60155 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,572.00
3.58	Nonpriority creditor's name and mailing address Staples P.O. Box 183174 Columbus, OH 43218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.08
3.59	Nonpriority creditor's name and mailing address Star Tool & Die Works, Inc. 640 East 217th Street Chicago Heights, IL 60411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,329.85
3.60	Nonpriority creditor's name and mailing address Swartz, Retson & Co., P.C. 235 E 86th Avenue Merrillville, IN 46410 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Compliance fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,730.00
3.61	Nonpriority creditor's name and mailing address Tech Weigh 1004 Reder Road Griffith, IN 46319 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,286.00

Debtor **Calumet Abrasives Co., Inc.**
NameCase number (if known) **19-21257**

3.62	Nonpriority creditor's name and mailing address Tim O'Connell 1003 E. 31st Street La Grange Park, IL 60526 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,850.00
3.63	Nonpriority creditor's name and mailing address Trinity Logistics, Inc. P.O. Box 62702 Baltimore, MD 21264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,078.60
3.64	Nonpriority creditor's name and mailing address ULINE P.O. Box 88741 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$792.98
3.65	Nonpriority creditor's name and mailing address Unifirst Corporation 4545 Calumet Avenue Hammond, IN 46327 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.80
3.66	Nonpriority creditor's name and mailing address UPS Lockbox 577 Carol Stream, IL 60132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,743.95
3.67	Nonpriority creditor's name and mailing address Welch Packaging 24775 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$249.94
3.68	Nonpriority creditor's name and mailing address Wertheimer 7950 W. Joliet Road, Suite 100 La Grange, IL 60525 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,622.04

Debtor **Calumet Abrasives Co., Inc.**
NameCase number (if known) **19-21257**

3.69 Nonpriority creditor's name and mailing address

**YRC Freight
P.O. Box 93151
Chicago, IL 60673**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$7,517.29**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Trade Debt**Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	3M Cottage Grove C/o Reg. Agent Corporation Service Company 135 North Pennsylvania Street, Suite 1610 Indianapolis, IN 46204	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	3M Cottage Grove 3M Center Drive Saint Paul, MN 55144	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Brian Hittinger Krieg Devault 8001 Broadway Suite 400 Merrillville, IN 46410	Line <u>3.35</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Shawn Cox Hodges & Davis PC 8700 Broadway Merrillville, IN 46410	Line <u>3.35</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
 Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 28,465.51
5b. +	\$ 1,558,059.99
5c.	\$ 1,586,525.50

Fill in this information to identify the case:Debtor name **Calumet Abrasives Co., Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF INDIANA**Case number (if known) **19-21257**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest
**Year to year lease at
3023- 169th Place,
Hammond, IN 46323
\$5,500.00/monthly**State the term remaining
10 Months

List the contract number of any government contract

**3023 - 169th Place, LLC
Hammond, IN 46323**2.2. State what the contract or lease is for and the nature of the debtor's interest
**Year to year lease at
3039 169th Place,
Hammond, IN 46323
\$5,500.00/monthly**State the term remaining
10 Months

List the contract number of any government contract

**3039 -169th Place, LLC
Hammond, IN 46323**2.3. State what the contract or lease is for and the nature of the debtor's interest
**Lease of 2019 Atlas
Copco
GA75VSD-175AP
Compressor Package**State the term remaining
57 Months

List the contract number of any government contract

**Wells Fargo Bank N.A.
300 Tri-State International
Lincolnshire, IL 60069**

Debtor 1 **Calumet Abrasives Co., Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-21257****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.4. State what the contract or lease is for and the nature of the debtor's interest

Leased Equipment as follows: Ricoh MP3054SP C84155924 G156R230906 Ricoh MP3054SP C84155955 G156R230893 Ricoh MP C3003 C84155892 E156M260465 Ricoh MP3054SP C84155923 G155R830594

State the term remaining

List the contract number of any government contract

**Wells Fargo Vendor Financial Services
P.O. Box 13708
Macon, GA 31208-3708**

- 2.5. State what the contract or lease is for and the nature of the debtor's interest

Lease to own Equipment

State the term remaining

32 Months

List the contract number of any government contract

**Wintrust Capital
9700 West Higgins Road, Suite 1015
Des Plaines, IL 60018**

Fill in this information to identify the case:Debtor name Calumet Abrasives Co., Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANACase number (if known) 19-21257☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **John Anderson** **1305 Tamarack Drive
Munster, IN 46321**

First Midwest Bank

☒ D 2.1
☐ E/F _____
☐ G _____

2.2 **John Anderson** **1305 Tamarack Drive
Munster, IN 46321**

First Midwest Bank

☒ D 2.2
☐ E/F _____
☐ G _____

Fill in this information to identify the case:Debtor name Calumet Abrasives Co., Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANACase number (if known) 19-21257☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****For prior year:**
From **1/01/2018** to **12/31/2018****Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)**\$-809,549.80****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
*Check all that apply***4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.**Insider's name and address**
Relationship to debtor**Dates****Total amount of value****Reasons for payment or transfer****5. Repossessions, foreclosures, and returns**

Debtor **Calumet Abrasives Co., Inc.**Case number (if known) **19-21257**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. First Midwest Bank v Calumet Abrasives Co. Inc.; Calumet Abrasives v. John Anderson 45D10-1903-PL-212 & 45D01-1904-CT-000377		Lake Superior Court Rm 2 2293 N Main Street Crown Point, IN 46307	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

Debtor **Calumet Abrasives Co., Inc.**Case number (if known) **19-21257**

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>			
Claim with Travelers Insurance for Equipment issue, Claim #FAC5007. Equipment at issue is a Matternini press and compressor.		May, 2018	Unknown

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Daniel L. Freeland & Assoc., P.C. 9105 Indianapolis Blvd. Highland, IN 46322		4/26/2019 & 5/7/2019	\$23,522.00
Email or website address			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Debtor **Calumet Abrasives Co., Inc.**Case number (if known) **19-21257****Address****Dates of occupancy
From-To****Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:
 - diagnosing or treating injury, deformity, or disease, or
 - providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address**Nature of the business operation, including type of services
the debtor provides****If debtor provides meals
and housing, number of
patients in debtor's care****Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☒ Yes. Does the debtor serve as plan administrator?
☒ No Go to Part 10.
☐ Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. First Midwest Bank P.O. Box 125 Bedford Park, IL 60499	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	Unknown	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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Debtor **Calumet Abrasives Co., Inc.**Case number (if known) **19-21257****20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
L & M Storage 425 W 151st Street East Chicago, IN 46312	Debtor	(2) Maternini MDM400 presses. (1) Hydramet HC30 press. (1) Maternini Double Bowl Mixer.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Austgen Properties 203 N. Colfax Griffith, IN 46319	Debtor	3M grain and miscellaneous machinery. All equipment and grain has now been moved back into Debtor's facilities.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Debtor **Calumet Abrasives Co., Inc.**Case number (if known) **19-21257**

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service
From-To

26a.1. **William J. Hanley, CPA**
Wipfli LLP
18402 West Creek Drive
Tinley Park, IL 60477

26a.2. **Tim O'Connell**
1003 E. 31st Street
La Grange Park, IL 60526

5/18 - 1/19

26a.3. **Petri Financial**
3851 N 625 W
La Porte, IN 46350

7/18 - 12/18

26a.4. **Stone Fox Staffing**
3890 Buchanan Ave S.W.
Grand Rapids, MI 49548

12/18 - present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are
unavailable, explain why

26c.1. **William J. Hanley, CPA**
Wipfli LLP
18402 West Creek Drive
Tinley Park, IL 60477

26c.2. **Stone Fox Staffing**
3890 Buchanan Ave S.W.
Grand Rapids, MI 49548

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Debtor **Calumet Abrasives Co., Inc.**Case number (if known) **19-21257****Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No☒ Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	J. Steven Gross -M.E.I. Corporation	5/19/2019	Force Liquidation Value Appraisal \$337,600
	Name and address of the person who has possession of inventory records Calumen Abrasives		
27.2	J. Steven Gross - M.E.I. Corporation	5/19/2019	Fair Market Value \$812,150
	Name and address of the person who has possession of inventory records Calumet Abrasives		
27.3	J. Steven Gross - M.E.I. Corporation	5/19/2019	Orderly Liquidation Value \$461,900
	Name and address of the person who has possession of inventory records Calumet Abrasives		
27.4	M.E.I. Corporation	11/14/2018	Forced Liquidation Value \$1,073,3000
	Name and address of the person who has possession of inventory records Calumet Abrasives		
27.5	M.E.I Corporation	11/14/2018	Fair Market Value \$2,432,650
	Name and address of the person who has possession of inventory records Calumet Abrasives		
27.6	M.E.I. Corporation	11/14/2018	Orderly Liquidation Value \$1,432,300
	Name and address of the person who has possession of inventory records Calumet Abrasives		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Debtor **Calumet Abrasives Co., Inc.**Case number (if known) **19-21257**

Name	Address	Position and nature of any interest	% of interest, if any
Robert M Shindorf	C/o Stone Fox Ventures, LLC 3890 Buchanan Avenue SW Grand Rapids, MI 49548	Director, President, Secretary and Treasurer	50
Name	Address	Position and nature of any interest	% of interest, if any
John Anderson	1305 Tamarack Drive Munster, IN 46321	Resigned from his positions as Director and Officer of Company on 12/14/2018	50

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
John Anderson	1305 Tamarack Drive Munster, IN 46321	5 Shares Former Director and Officer of Company	Resigned positions 12/14/2018

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 John Anderson 1305 Tamarack Drive Munster, IN 46321	174,868.17	1/1/18 - 12/31/18	Salary
Relationship to debtor Current shareholder, former Director, President, Treasurer and Secretary			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
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Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in

Debtor **Calumet Abrasives Co., Inc.**Case number (if known) **19-21257**

connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 18, 2019**

/s/ Robert M. Shindorf

Signature of individual signing on behalf of the debtor

Robert M. Shindorf

Printed name

Position or relationship to debtor **President, Treasurer, Secretary and sole Director**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

Calumet Abrasives
Transactions by Account
As of May 7, 2019

Type	Date	Num	Name	Memo	Clr	Split	Debit	Credit	Balance
Bill Pmt - Check	04/01/2019	10096	3M Cottage Grove	CDV0674	✓	2110 Accounts Payable - USD		98,788.73	447,179.20
Bill Pmt - Check	05/03/2019	10096	3M Cottage Grove	CDV0674	✓	2110 Accounts Payable - USD		50,654.06	293,079.32
Bill Pmt - Check	05/03/2019	ACH	3M Cottage Grove	CDV0674	✓	2110 Accounts Payable - USD		25,000.00	17,712.61
Bill Pmt - Check	04/24/2019	10132	Accucraft Imaging, Inc		✓	2110 Accounts Payable - USD		2,873.60	368,484.03
Bill Pmt - Check	04/01/2019	10099	Accucraft Imaging, Inc		✓	2110 Accounts Payable - USD		2,658.16	444,521.04
Bill Pmt - Check	02/06/2019	10016	Accucraft Imaging, Inc		✓	2110 Accounts Payable - USD		1,543.93	115,706.94
Check	03/08/2019	14121	Anderson, John G		✓	2650-01 Related - Anderson Note		25,000.00	4,888.62
Bill Pmt - Check	04/26/2019	14041	Ceva Freight, LLC	30853573	✓	2110 Accounts Payable - USD		4,125.00	67,865.01
Bill Pmt - Check	07/14/2019	13926	Ceva Freight, LLC	30853573	✓	2110 Accounts Payable - USD		1,645.00	81,393.11
Bill Pmt - Check	02/06/2019	10020	Ceva Freight, LLC	30853573	✓	2110 Accounts Payable - USD		1,645.00	108,964.35
Bill Pmt - Check	04/01/2019	10104	Ceva Freight, LLC	30853573	✓	2110 Accounts Payable - USD		1,645.00	441,692.51
Bill Pmt - Check	02/14/2019	13927	Cintas-Medical	0010652443	✓	2110 Accounts Payable - USD		1,208.57	80,184.54
Bill Pmt - Check	02/21/2019	10042	Cintas-Uniforms	00004	✓	2110 Accounts Payable - USD		1,065.17	35,944.42
Bill Pmt - Check	03/04/2019	10065	Cintas-Uniforms	00004	✓	2110 Accounts Payable - USD		756.92	263,234.29
Bill Pmt - Check	02/14/2019	13946	Cintas-Uniforms	00004	✓	2110 Accounts Payable - USD		519.20	79,665.34
Bill Pmt - Check	04/01/2019	10105	Cintas-Uniforms	00004	✓	2110 Accounts Payable - USD		159.23	441,493.28
Bill Pmt - Check	04/24/2019	10134	Cintas-Uniforms	00004	✓	2110 Accounts Payable - USD		199.23	397,162.59
Check	05/07/2019	Wire	Daniel Freeland		✓	6230-01 Professional - Legal		18,522.00	252,805.10
Check	04/25/2019	WIRE	Daniel Freeland		✓	6230-01 Professional - Legal		5,000.00	298,146.70
Bill Pmt - Check	03/25/2019	ACH	Durez Corporation	1000596	✓	2110 Accounts Payable - USD		10,716.60	16,869.60
Bill Pmt - Check	05/02/2019	ACH	Durez Corporation	1000596	✓	2110 Accounts Payable - USD		8,772.00	75,060.97
Bill Pmt - Check	04/24/2019	WIRE	Durez Corporation	1000596	✓	2110 Accounts Payable - USD		8,772.00	293,122.26
Bill Pmt - Check	03/20/2019	ACH	Durez Corporation	1000596	✓	2110 Accounts Payable - USD		7,938.60	25,482.45
Bill Pmt - Check	03/04/2019	10052	Durez Corporation	1000596	✓	2110 Accounts Payable - USD		7,938.60	334,031.21
Bill Pmt - Check	02/12/2019	13921	Durez Corporation	1000596	✓	2110 Accounts Payable - USD		5,556.00	61,769.79
Bill Pmt - Check	02/06/2019	ACH	First Midwest Bank (000627)		✓	2110 Accounts Payable - USD		16,746.53	42,075.84
Bill Pmt - Check	04/08/2019	ACH	First Midwest Bank (000627)		✓	2110 Accounts Payable - USD		16,746.53	8,038.68
Check	03/06/2019	ACH	First Midwest Bank (000627)		✓	-SPLIT-		16,746.53	91,461.08
Check	03/22/2019	DEBIT	Foster Swift		✓	1420-01 Prepaid Contracts		15,000.00	376,531.85
Bill Pmt - Check	04/24/2019	10136	Granger, Inc	801849506	✓	2110 Accounts Payable - USD		3,003.87	393,008.71
Bill Pmt - Check	04/01/2019	10107	Granger, Inc	801849506	✓	2110 Accounts Payable - USD		2,164.87	437,778.41
Bill Pmt - Check	02/21/2019	10043	Granger, Inc	801849506	✓	2110 Accounts Payable - USD		1,608.47	34,335.95
Bill Pmt - Check	03/20/2019	10069	Granger, Inc	801849506	✓	2110 Accounts Payable - USD		823.19	280,668.13
Bill Pmt - Check	04/01/2019	10110	Hydramel American, Inc. (V)	C0020	✓	2110 Accounts Payable - USD		23,967.00	412,870.73
Bill Pmt - Check	04/24/2019	10141	Hydramel American, Inc. (V)	C0020	✓	2110 Accounts Payable - USD		3,170.00	396,505.76
Bill Pmt - Check	03/22/2019	ACH	Imerys Fused Minerals Niagara Falls, Inc.		✓	2110 Accounts Payable - USD		19,240.16	27,566.20
Bill Pmt - Check	05/02/2019	ACH	Imerys Fused Minerals Niagara Falls, Inc.		✓	2110 Accounts Payable - USD		18,408.60	56,592.37
Bill Pmt - Check	02/06/2019	Wire	Imerys Fused Minerals Niagara Falls, Inc.		✓	2110 Accounts Payable - USD		8,176.60	163,566.97
Bill Pmt - Check	03/04/2019	10056	Imerys Fused Minerals Niagara Falls, Inc.		✓	2110 Accounts Payable - USD		7,904.15	255,330.14
Bill Pmt - Check	03/20/2019	ACH	Imerys Fused Minerals Niagara Falls, Inc.		✓	2110 Accounts Payable - USD		2,880.00	33,421.05
Bill Pmt - Check	04/01/2019	10111	Industrial Polymers and Chemicals, Inc.	0004672	✓	2110 Accounts Payable - USD		76,291.70	336,579.03
Bill Pmt - Check	03/20/2019	10070	Industrial Polymers and Chemicals, Inc.	0004672	✓	2110 Accounts Payable - USD		44,695.64	235,972.49
Bill Pmt - Check	03/04/2019	10057	Industrial Polymers and Chemicals, Inc.	0004672	✓	2110 Accounts Payable - USD		38,922.50	216,407.64
Bill Pmt - Check	02/26/2019	10013	Industrial Polymers and Chemicals, Inc.	0004672	✓	2110 Accounts Payable - USD		36,680.00	176,865.97
Bill Pmt - Check	04/24/2019	10142	Industrial Polymers and Chemicals, Inc.	0004672	✓	2110 Accounts Payable - USD		28,725.95	357,780.81

Calumet Abrasives
Transactions by Account
As of May 7, 2019

Bill Pmt -Check	02/14/2019 13537	Industrial Polymers and Chemicals, Inc	0004672	✓	2110 Accounts Payable - USD	25,156.30	48,100.83
Bill Pmt -Check	02/01/2019 10338	Industrial Polymers and Chemicals, Inc	0004672	✓	2110 Accounts Payable - USD	25,000.00	-12,786.47
Check	02/09/2019 13019	JOHN G ANDERSON*		✓	3030 01 JGA Disbursement	10,000.00	20,467.09
Bill Pmt -Check	02/14/2019 13936	Labor Out		✓	2110 Accounts Payable - USD	2,310.00	45,049.11
Bill Pmt -Check	02/21/2019 10039	Labor Out		✓	2110 Accounts Payable - USD	840.00	38,333.12
Bill Pmt -Check	03/04/2019 10059	Labor Out		✓	2110 Accounts Payable - USD	840.00	178,335.85
Bill Pmt -Check	04/01/2019 10112	Labor Out		✓	2110 Accounts Payable - USD	840.00	335,739.03
Bill Pmt -Check	03/04/2019 10059	Lake County Treasurer	391374525	✓	2110 Accounts Payable - USD	37,231.79	179,175.85
Bill Pmt -Check	05/03/2019 ACH	Nationwide		✓	2110 Accounts Payable - USD	20,416.68	266,429.60
Bill Pmt -Check	04/29/2019 14042	Nexus Employment		✓	2110 Accounts Payable - USD	13,714.24	54,151.77
Bill Pmt -Check	04/01/2019 10114	Nexus Employment		✓	2110 Accounts Payable - USD	9,422.64	324,972.89
Bill Pmt -Check	03/04/2019 10060	Nexus Employment		✓	2110 Accounts Payable - USD	675.68	177,680.17
Bill Pmt -Check	02/15/2019 ACH	NipSCO - 276-651-008-9	276-651-008-9	✓	2110 Accounts Payable - USD	1,803.85	13,586.86
Bill Pmt -Check	03/18/2019 ACH	NipSCO - 276-651-008-9	276-651-008-9	✓	2110 Accounts Payable - USD	1,640.55	19,952.34
Bill Pmt -Check	04/08/2019 ACH	NipSCO - 276-651-008-9	276-651-008-9	✓	2110 Accounts Payable - USD	1,362.76	24,785.21
Bill Pmt -Check	04/08/2019 ACH	NipSCO - 322-747-000-7	322-747-000-7	✓	2110 Accounts Payable - USD	817.65	26,147.97
Bill Pmt -Check	02/07/2019 ACH	NipSCO - 322-747-000-7	322-747-000-7	✓	2110 Accounts Payable - USD	575.16	30,487.09
Bill Pmt -Check	03/11/2019 ACH	NipSCO - 322-747-000-7	322-747-000-7	✓	2110 Accounts Payable - USD	485.22	4,353.40
Bill Pmt -Check	02/15/2019 ACH	NipSCO - 669-541-002-3	669-541-002-3	✓	2110 Accounts Payable - USD	12,267.92	1,317.94
Bill Pmt -Check	03/18/2019 ACH	NipSCO - 669-541-002-3	669-541-002-3	✓	2110 Accounts Payable - USD	11,593.05	21,592.89
Bill Pmt -Check	04/12/2019 ACH	NipSCO - 669-541-002-3	669-541-002-3	✓	2110 Accounts Payable - USD	10,051.15	19,270.40
Bill Pmt -Check	05/07/2019 ACH	NipSCO - 757-567-004-9	757-567-004-9	✓	2110 Accounts Payable - USD	74.61	10,412.05
Bill Pmt -Check	04/08/2019 ACH	NipSCO - 757-567-004-9	757-567-004-9	✓	2110 Accounts Payable - USD	73.65	26,965.62
Bill Pmt -Check	03/11/2019 ACH	NipSCO - 757-567-004-9	757-567-004-9	✓	2110 Accounts Payable - USD	57.31	4,336.09
Bill Pmt -Check	02/07/2019 ACH	NipSCO - 757-567-004-9	757-567-004-9	✓	2110 Accounts Payable - USD	39.43	31,082.25
Bill Pmt -Check	05/03/2019 ACH	Prairie State Group		✓	2110 Accounts Payable - USD	13,879.76	42,712.61
Bill Pmt -Check	02/06/2019 10014	Prairie State Group		✓	2110 Accounts Payable - USD	9,616.07	117,270.90
Bill Pmt -Check	04/24/2019 10148	Prairie State Group		✓	2110 Accounts Payable - USD	6,886.53	345,315.20
Bill Pmt -Check	03/20/2019 ACH	Prairie State Group		✓	2110 Accounts Payable - USD	6,331.59	36,921.01
Bill Pmt -Check	02/21/2019 10044	Prairie State Group		✓	2110 Accounts Payable - USD	2,696.45	31,639.50
Bill Pmt -Check	02/21/2019 10045	Quincy Compressor		✓	2110 Accounts Payable - USD	4,284.77	27,354.73
Bill Pmt -Check	04/24/2019 10150	Ravenna Capital, Llc	301817	✓	-SPLIT-	15,000.00	329,598.00
Bill Pmt -Check	04/01/2019 10115	Schneider	2522815	✓	2110 Accounts Payable - USD	3,595.40	321,377.49
Bill Pmt -Check	03/20/2019 10071	Schneider	2522815	✓	2110 Accounts Payable - USD	3,396.90	232,572.59
Bill Pmt -Check	03/04/2019 10061	Schneider	2522815	✓	2110 Accounts Payable - USD	1,800.00	175,860.17
Bill Pmt -Check	04/01/2019 10116	Star Tool & Die Works, Inc.		✓	2110 Accounts Payable - USD	12,167.80	309,209.69
Bill Pmt -Check	02/14/2019 13940	Star Tool & Die Works, Inc.		✓	2110 Accounts Payable - USD	8,653.36	32,147.95
Bill Pmt -Check	03/20/2019 10072	Star Tool & Die Works, Inc.		✓	2110 Accounts Payable - USD	7,606.85	224,956.74
Bill Pmt -Check	04/24/2019 10153	Star Tool & Die Works, Inc.		✓	2110 Accounts Payable - USD	6,479.96	319,870.04
Bill Pmt -Check	03/04/2019 10062	Star Tool & Die Works, Inc.		✓	2110 Accounts Payable - USD	5,331.05	170,529.12
Bill Pmt -Check	02/21/2019 10046	Star Tool & Die Works, Inc.		✓	2110 Accounts Payable - USD	4,810.30	22,544.43
Bill Pmt -Check	02/06/2019 10018	Star Tool & Die Works, Inc.		✓	2110 Accounts Payable - USD	1,575.00	113,425.06
Bill Pmt -Check	03/20/2019 ACH	Stone Fox Staffing, LLC		✓	2110 Accounts Payable - USD	2,500.00	222,485.74
Bill Pmt -Check	04/17/2019 ACH	Stone Fox Staffing, LLC		✓	2110 Accounts Payable - USD	2,500.00	260,020.97
Bill Pmt -Check	05/01/2019 ACH	Stone Fox Staffing, LLC		✓	2110-01 Accounts Payable - Pre-Petition	2,500.00	198,368.79
Bill Pmt -Check	02/14/2019 13941	Tegant Alloyd	12355	✓	2110 Accounts Payable - USD	12,746.46	19,401.49

Calumet Abrasives
Transactions by Account
As of May 7, 2019

Bill Pmt - Check	04/24/2019 10:55	Tegant AlloyC	12355	✓	2110 - Accounts Payable - USD	6,239.23	313,135.81
Bill Pmt - Check	02/14/2019 13:58	Tidson Enterprises		✓	2110 - Accounts Payable - USD	488.95	18,932.54
Bill Pmt - Check	02/26/2019 ACH	United Health Care	459710	✓	2110 - Accounts Payable - USD	16,070.19	339,605.56
Bill Pmt - Check	04/24/2019 10:53	Wertheimer	03040	✓	2110 - Accounts Payable - USD	6,782.01	303,629.22
Bill Pmt - Check	04/01/2019 10:18	Wertheimer	03040	✓	2110 - Accounts Payable - USD	3,855.94	304,800.21
Bill Pmt - Check	03/04/2019 10:03	Wertheimer	03040	✓	2110 - Accounts Payable - USD	3,785.42	166,743.70
Bill Pmt - Check	02/14/2019 13:43	Wertheimer	03040	✓	2110 - Accounts Payable - USD	3,294.56	14,905.42
Bill Pmt - Check	02/06/2019 10:19	Wertheimer	03040	✓	2110 - Accounts Payable - USD	2,815.71	110,609.35
Bill Pmt - Check	04/01/2019 10:19	YRC	309235L	✓	2110 - Accounts Payable - USD	2,588.23	302,210.98
Bill Pmt - Check	02/14/2019 13:50	YRC	309235L	✓	2110 - Accounts Payable - USD	564.71	14,340.71

Calumet Abrasives
Transactions by Account
As of June 17, 2019

2650-01 - Related - Anderson Note

Type	Date	Num	Name	Memo	Clr	Split	Debit	Credit	Balance
General Journal	05/20/2018								55,939.41
Bill	05/15/2018 06/25/17		First Midwest Bank (296001)	1001 First Midwest - Checking			5,036.17		52,903.24
Check	05/23/2018		FIRST MIDWEST BANK (296002)	2110 Accounts Payable - USD			7,755.04		45,147.90
Check	06/23/2018		First Midwest Bank (296001)	1110-01 First Midwest - Checking			913.66		44,233.64
Bill	05/29/2018 06/11/18		N M L - 74,535.23 Q	405029602			7,050.86		37,182.76
General Journal	06/01/2018 201105			MONTHLY RENT & STORAGE			1,017.25		36,165.53
Bill	06/01/2018 06/27/18		N M L - \$6,538.11 M					11,000.00	47,165.53
Bill	06/15/2018 7/5/18		First Midwest Bank (296001)	MONTHLY RENT & STORAGE			1,500.00		45,665.53
General Journal	07/01/2018 201105			MONTHLY RENT & STORAGE			7,755.04		37,909.59
Bill	07/05/2018 7/21/18		N M L - \$6,538.11 M					11,000.00	48,909.59
Check	07/06/2018 135/18		JOHN G ANDERSON*	MINI CHECK PAID			1,500.00		47,409.59
Bill	07/16/2018 07/16/2018		First Midwest Bank (296001)				12,500.00		34,909.59
Bill	07/17/2018 08/24/18		N M L - 0203316 SA (LIC)				7,050.86		27,858.73
Bill	07/29/2018 8/12/18		N M L - 74,535.23 Q				3,593.45		24,265.28
Credit Card Charge	07/30/2018 01/27 CC		Misc Hotel				1,017.25		23,248.03
General Journal	07/31/2018 ACP-3		FIRST MIDWEST BANK (296002)	VCEEROY CHICAGO IL			1,563.32		21,684.71
General Journal	07/31/2018 ACP-4		First Midwest Bank (296001)	Check posted to AP in 10-2017 should be to Shareholder			2,301.48		19,383.23
General Journal	08/01/2018 201105			MONTHLY RENT & STORAGE				7,050.86	26,434.09
Credit	08/01/2018		First Midwest Bank (296001)	VOID Duplicate payment from June			0.00		26,434.09
Credit	08/01/2018 7/5/18		First Midwest Bank (296001)	Credit portion of bill that had late fees				705.09	37,139.17
Bill	08/01/2018		N M L - \$6,538.11 M					705.09	36,434.25
Check	08/07/2018 13637		JOHN G ANDERSON*	MEMO CHECK PAID			1,500.00		34,934.25
Credit Card Charge	08/10/2018 01/27 CC		Misc Vendor				7,500.00		27,434.25
Credit Card Charge	08/10/2018 01/27 CC		American Express - J G Anderson	PHREE SALON AUBREY VE HIGHLAND IN			661.00		26,773.25
Bill	08/10/2018 01/23 CC		American Express - J G Anderson	PHREE SALON AUBREY VE HIGHLAND IN			20.00		26,753.25
Bill	08/23/2018 9/5/18		First Midwest Bank (296001)					928.37	30,161.62
Bill	08/28/2018		First Midwest Bank (296001)				15,159.34		15,002.28
General Journal	09/01/2018 201105			MONTHLY RENT & STORAGE			7,050.86		7,951.42
General Journal	09/01/2018 AmEx 10-2017			Missing expenses from Aug-Oct 2017			8,239.44		18,951.42
General Journal	09/01/2018 AmEx Oct-Nov 17			Expenses for Oct-Nov 2017 not booked			7,321.41		10,711.98
General Journal	09/01/2018 AmEx 11/2/17						8,351.48		3,360.57
Bill	09/05/2018 9/21/18		N M L - \$6,538.11 M						-4,960.91
Credit Card Charge	09/06/2018 01/28 CC		Misc Hotel	Marriott Tampa Waterside Tampa FL			1,500.00		-6,460.91
Check	09/07/2018 13736		JOHN ANDERSON*	MEMO CHECK PAID			264.30		-6,725.21
Credit Card Charge	09/08/2018 01/28 CC		Misc Vendor				8,500.00		-15,245.21
Credit Card Charge	09/08/2018 01/28 CC		Misc Vendor	Mason Violet and Grace Miami Beach			406.60		-15,651.81
Credit Card Charge	09/08/2018 01/28 CC		Misc Hotel	SOY Anne-Marque Luxury Ltd Miami Beach FL			30.00		-15,681.81
Credit Card Charge	09/08/2018 01/28 CC		Misc Vendor	Taxi SVC Miami FL			11.35		-15,693.16
Credit Card Charge	09/09/2018 01/28 CC		Misc Hotel	Hotel South Beach Miami Beach FL			30.00		-15,723.16
Credit Card Charge	09/09/2018 01/28 CC		Misc Vendor	New Clothing Miami Beach FL			233.41		-15,956.57
Credit Card Charge	09/09/2018 01/28 CC		Misc Vendor	Taxi SVC Miami FL			261.94		-16,218.51
Credit Card Charge	09/09/2018 01/28 CC		Misc Vendor	RB Miami Beach LLC			15.76		-16,234.27
Credit Card Charge	09/11/2018 01/28 CC		Misc Vendor	Sprint Airl			85.93		-16,320.20
Bill	09/21/2018		First Midwest Bank (296001)				50.00		-16,370.20
General Journal	10/01/2018 201105			MONTHLY RENT & STORAGE			7,050.86		-23,421.06
Credit	10/01/2018 5/5/18		First Midwest Bank (296001)	Duplication of payment entered				11,000.00	-12,421.06
Credit	10/01/2018		First Midwest Bank (296001)	Waved payments from bank				7,050.86	-5,370.20
Bill	10/05/2018 10/21/18		N M L - \$6,538.11 M					1,057.62	-4,312.58
Bill	10/11/2018		American Express - J G Anderson				1,500.00		-5,812.58
Bill	10/11/2018		American Express - J G Anderson				55.76		-5,868.36
Bill	10/19/2018 11/5/18		First Midwest Bank (296001)				3,060.60		-9,549.22
Deposit	10/22/2018		Internal Revenue System	Refund Check for John & Linda			7,050.86		-16,600.08
								32,598.00	15,997.92

(6/2010)

**United States Bankruptcy Court
Northern District of Indiana**

In re **Calumet Abrasives Co., Inc.**

Debtor(s)

Case No. **19-21257**

Chapter **11**

VERIFICATION OF CREDITOR MATRIX

The above-named debtor(s) verifies under penalty of perjury that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **June 18, 2019**

/s/ Robert M. Shindorf

**Robert M. Shindorf/President, Treasurer, Secretary and sole
Director**

Signer/Title

3023 - 169TH PLACE, LLC
HAMMOND, IN 46323

3039 -169TH PLACE, LLC
HAMMOND, IN 46323

3M COTTAGE GROVE
28070 PAYSHPERE CIRCLE
CHICAGO, IL 60674

3M COTTAGE GROVE
C/O REG. AGENT
CORPORATION SERVICE COMPANY
135 NORTH PENNSYLVANIA STREET, SUITE 1610
INDIANAPOLIS, IN 46204

3M COTTAGE GROVE
3M CENTER DRIVE
SAINT PAUL, MN 55144

ACCUCRAFT IMAGING, INC.
5920 HOHMAN AVENUE
HAMMOND, IN 46320

ACCUWARE
799 ROOSEVELT ROAD, SUITE 3-218
GLEN ELLYN, IL 60137

AIDA PALOMO
506 W 148TH STREET
EAST CHICAGO, IN 46312

AIR COMFORT
2550 BRAGA DRIVE
BROADVIEW, IL 60155

AKEKA SANDERS
613 EAST 19TH AVENUE
GARY, IN 46407

AMERICAN EXPRESS
PO BOX 918537
EL PASO, TX 79998

AMERIGAS
P.O. BOX 371473
PITTSBURGH, PA 15250

ANGELIA ELLIS
6692 OLD PORTER ROAD
PORTAGE, IN 46368

ANTOINE GORDON
3759 W 72ND AVENUE
MERRILLVILLE, IN 46410

ANTOINE MACON
5328 MAYWOOD AVENUE APT. 4
HAMMOND, IN 46320

ANTONINE STANSIL
7729 PARRISH AVENUE
HAMMOND, IN 46323

APEX TOTAL PROPERTY MAINTENANCE, INC.
2743 HIGHWAY AVENUE
HIGHLAND, IN 46322

ARIEL HAMPTONL
2207 WOODHOLLOW LANE
HAMMOND, IN 46323

AT&T FIBER BROADBAND
P.O. BOX 5019
CAROL STREAM, IL 60197

AT&T MOBILITY
P.O. BOX 6463
CAROL STREAM, IL 60197

AUSTGEN ELECTRIC
801 EAST MAIN STREET
GRIFFITH, IN 46319

BETTY WAUGAMAN-LEBOIDA
7118 ALEXANDER
HAMMOND, IN 46323

BEVERLY SNOW & ICE
16504 S. DIXIE HWY
MARKHAM, IL 60428

BRIAN HITTINGER
KRIEG DEVAULT
8001 BROADWAY SUITE 400
MERRILLVILLE, IN 46410

BURGETT CCM
P.O. BOX 10517
MERRILLVILLE, IN 46410

CALUMET LUMBER
402 E. CHICAGO AVENUE
EAST CHICAGO, IN 46312

CARLA WEATHERS
3610 SUPERIOR COURT APT. 8
EAST CHICAGO, IN 46312

CEVA FREIGHT, LLC
DEPT 2309
CAROL STREAM, IL 60132

CINTAS-MEDICAL
P.O. BOX 631025
CINCINNATI, OH 45263

CINTAS-UNIFORMS
P.O. BOX 88005
CHICAGO, IL 60680

CL VENDING
P.O. BOX 339
CEDAR LAKE, IN 46303-0339

COMPREHENSIVE CARE
7501 WEST 15TH AVENUE
GARY, IN 46406

COTG
P.O. BOX 5940
LOCK BOX #20-OE-001
CAROL STREAM, IL 60197

DAMION LARDYDELL

DHL EXPRESS
16592 COLLECTION CENTER DRIVE
CHICAGO, IL 60693

DOUGLAS HARPER
3460 W 40TH AVENUE
GARY, IN 46406

DWIGHT SINGLETON
3324 CRAIG DRIVE APT. M289
HAMMOND, IN 46323

EDWARD BENNETT, JR.
4260 TENNESSEE
GARY, IN 46409

ELMO JACKSON
911 FIELD STREET
HAMMOND, IN 46320

ENGLEWOOD ELECTRICAL SUPPLY
P.O. BOX 802578
CHICAGO, IL 60680

FERDINAND FELICIANO
6645 MONTANA AVENUE
HAMMOND, IN 46323

FIRST MIDWEST BANK
P.O. BOX 125
BEDFORD PARK, IL 60499

FISHER CONTAINER CORP.
1111 BUSCH PKWY
BUFFALO GROVE, IL 60089

FLORENTINO BRIZUELA
3027 182ND PLACE
LANSING, IL 60438

GARY GLASS
4414 DEARBORN AVENUE
HAMMOND, IN 46324

GORDON E. GOUVEIA
GOUVEIA & ASSOCIATES, P.C.
433 W. 84TH DRIVE
MERRILLVILLE, IN 46410

GRAINGER
DEPT 801849506
PALATINE, IL 60038

GREGORY SLAY
443 W 129TH PLACE
CHICAGO, IL 60628

HAMMOND POLICE ALARM ADMINISTRATOR
CITY OF HAMMOND
509 DOUGLAS STREET
HAMMOND, IN 46320

HAMMOND WATER WORKS DEPT.
6505 COLUMBIA AVE
HAMMOND, IN 46320

HERITAGE-CRYSTAL CLEAN
13621 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

HEUCOTECH LTD.
P.O. BOX 416247
BOSTON, MA 02241

HINSHAW & CULBERSON LLP
8142 SOLUTIONS CENTER DRIVE
CHICAGO, IL 60677-8001

HYDRAMET AMERICAN, INC.
P.O. BOX 40
ROYAL OAK, MI 48068

INDIANA DEPT. OF ENVIRONMENTAL MANAGEMEN
INDIANA GOV. CENTER NORTH
100 NORTH SENATE AVENUE
INDIANAPOLIS, IN 46204

INDUSTRIAL POLYMERS AND CHEMICALS, INC.
508 BOSTON TURNPIKE
SHREWSBURY, MA 01545

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY OPERATION
PO BOX 7346
PHILADELPHIA, PA 19101-7346

J&L FASTENERS
P.O. BOX 2248
HAMMOND, IN 46323

J.W. DONCHIN CO.
4841 W. CHICAGO AVENUE
CHICAGO, IL 60651

JACOB SPIVEY
2412 WEST 61ST PLACE
MERRILLVILLE, IN 46410

JAMES CHASE-WILLIAMS
6257 GARFIELD AVENUE
HAMMOND, IN 46324

JAMES DOWNING
3331 W 40TH PLACE
GARY, IN 46408

JASMINE MCDANIEL
3827 FIR STREET
EAST CHICAGO, IN 46312

JAVONNA HOWARD
3344 169TH STREET APT G133
HAMMOND, IN 46323

JESENEK
KOCBEKOVA C.24
3202 LJUBECNA 3202
SLOVENIA

JOHN ANDERSON
1305 TAMARACK DRIVE
MUNSTER, IN 46321

JOHN WILLIS
4440 MARYLAND
GARY, IN 46409

JORDYN ANDERSON
8812 KENNEDY AVENUE
HIGHLAND, IN 46322

JUAWANA BROOKS
1677 STATE STREET
CALUMET CITY, IL 60409

KELLER -HEART OIL
4411 S. TRIPP AVENUE
CHICAGO, IL 60632

KEVIN STEELE
156 WASHINGTON
VALPARAISO, IN 46383

KONRADY PLASTICS, INC.
1780 COPPES COURT
PORTAGE, IN 46368

KRONOS
P.O. BOX 743208
ATLANTA, GA 30374

LABOR OUT
RICK SPARKS
P.O. BOX 605
SCHERERVILLE, IN 46375

LANDSBERG
25794 NETWORK PLACE
CHICAGO, IL 60673

LEVIN GINSBURG
180 NORTH LASALLE STREET
CHICAGO, IL 60601

LILI CANTERO
7011 CALIFORNIA AVENUE
HAMMOND, IN 46323

LINDY'S ACE HARDWARE
6220 KENNEDY AVENUE
HAMMOND, IN 46323

LISA SAWYER
14428 S LEAVITT
DIXMOOR, IL 60426

LYDELL IVY
424 ADAMS
GARY, IN 46408

MARIA MARTIGANI
8334 MONROE AVENUE
MUNSTER, IN 46321

MATERNINI
VIA AGOSTINO NOVELLA, ZONA INDUSTRIAL
21046 MALNATE (VA) ITALIA

MCMASTER CARR SUPPLY
P.O. BOX 7690
CHICAGO, IL 60680

MIAMI VALLEY WORLDWIDE, INC.
1300 E THIRD STREET
DAYTON, OH 45403

MICHAEL HOWARD
3344 169TH STREET APT. G133
HAMMOND, IN 46323

NEW YORK STATE INSURANCE
1 WATERVLIET AVENUE
ALBANY, NY 12206

NEXUS EMPLOYMENT
P.O. BOX 1053
BEDFORD PARK, IL 60499

PRAIRIE STATE GROUP
11100 ADDISON AVENUE
FRANKLIN PARK, IL 60131

QUATE GREEN
4918 IVY STREET
EAST CHICAGO, IN 46312

QUINCY COMPRESSOR
DEPARTMENT 3427
DALLAS, TX 75312

RACHEL ANDERSON
8828 5TH STREET
HIGHLAND, IN 46322

RAYMOND SPARKS
1834 HOLLY LANE
MUNSTER, IN 46321

REICHELT PLUMBING
P.O. BOX 177
SCHERERVILLE, IN 46375

RICOH/WELLS FARGO
P.O. BOX 740541
ATLANTA, GA 30374

ROBERT M SHINDORF
C/O STONE FOX VENTURES, LLC
3890 BUCHANAN AVENUE SW
GRAND RAPIDS, MI 49548

ROBERT MCCLAIN
530 E LEWIS
HAMMOND, IN 46320

ROGER NYSTROM
4943 OLCOTT AVENUE
EAST CHICAGO, IN 46312

ROSALVA ROJAS
5330 PIERCE STREET
MERRILLVILLE, IN 46410

RYAN MATTINGLY
1733 RENSSELAER STREET
MUNSTER, IN 46321

SALYER PLUMBING, INC.
2209 EAST 165TH STREET
HAMMOND, IN 46320

SCOTT A. PYLE
RUBINO RUMAN CROSMER & POLEN
275 JOLIET STREET, SUITE 330
DYER, IN 46311

SHAKESPEARE MACHINE
2801 S. MERMORIAL DRIVE
RACINE, WI 53403

SHAWN COX
HODGES & DAVIS PC
8700 BROADWAY
MERRILLVILLE, IN 46410

SHEET METAL SERVICES
9944 EXPRESS DRIVE
HIGHLAND, IN 46322

STAGG/DIVAL SAFETY
163 S. THIRD AVENUE
EVANSVILLE, IN 47708

STANDARD CARTAGE COMP.
2400 SOUTH 27TH AVENUE
BROADVIEW, IL 60155

STAPLES
P.O. BOX 183174
COLUMBUS, OH 43218

STAR TOOL & DIE WORKS, INC.
640 EAST 217TH STREET
CHICAGO HEIGHTS, IL 60411

SWARTZ, RETSON & CO., P.C.
235 E 86TH AVENUE
MERRILLVILLE, IN 46410

TECH WEIGH
1004 REDER ROAD
GRIFFITH, IN 46319

TIM O'CONNELL
1003 E. 31ST STREET
LA GRANGE PARK, IL 60526

TINA EVANS
1210 WEST 151ST STREET
EAST CHICAGO, IN 46312

TRANQUILLIA BOLIAN
3615 167TH
HAMMOND, IN 46323

TRINITY LOGISTICS, INC.
P.O. BOX 62702
BALTIMORE, MD 21264

TRISTAN THOMAS
5974 POLK STREET
MERRILLVILLE, IN 46410

ULINE
P.O. BOX 88741
CHICAGO, IL 60680

UNIFIRST CORPORATION
4545 CALUMENT AVENUE
HAMMOND, IN 46327

UPS
LOCKBOX 577
CAROL STREAM, IL 60132

VINCENT SPINA
3819 GRAND BLVD #2
EAST CHICAGO, IN 46312

WELCH PACKAGING
24775 NETWORK PLACE
CHICAGO, IL 60673

WELLS FARGO BANK N.A.
300 TRI-STATE INTERNATIONAL
LINCOLNSHIRE, IL 60069

WELLS FARGO VENDOR FINANCIAL SERVICES
P.O. BOX 13708
MACON, GA 31208-3708

WERTHEIMER
7950 W. JOLIET ROAD, SUITE 100
LA GRANGE, IL 60525

WINTRUST CAPITAL
9700 WEST HIGGINS ROAD, SUITE 1015
DES PLAINES, IL 60018

YRC FREIGHT
P.O. BOX 93151
CHICAGO, IL 60673

**United States Bankruptcy Court
Northern District of Indiana**

In re **Calumet Abrasives Co., Inc.**

Debtor(s)

Case No. **19-21257**Chapter **11**

BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ **8,719,909.24**

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income \$ **625,000.00**

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor) \$ **158,083.33**

4. Payroll Taxes **0.00**

5. Unemployment Taxes **0.00**

6. Worker's Compensation **0.00**

7. Other Taxes **6,154.00**

8. Inventory Purchases (Including raw materials) **268,750.00**

9. Purchase of Feed/Fertilizer/Seed/Spray **0.00**

10. Rent (Other than debtor's principal residence) **11,000.00**

11. Utilities **38,711.38**

12. Office Expenses and Supplies **7,750.00**

13. Repairs and Maintenance **12,500.00**

14. Vehicle Expenses **0.00**

15. Travel and Entertainment **0.00**

16. Equipment Rental and Leases **9,800.00**

17. Legal/Accounting/Other Professional Fees **13,125.00**

18. Insurance **11,500.00**

19. Employee Benefits (e.g., pension, medical, etc.) **0.00**

20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):

DESCRIPTION

TOTAL

21. Other (Specify):

DESCRIPTION

TOTAL

US Trustee Reserve

6250

Bank & Credit Card Fees

550

Miscellaneous

12000

22. Total Monthly Expenses (Add items 3-21) \$ **556,173.71**

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2) \$ **68,826.29**